



Psychology Internship Program

Oscar G. Johnson VA Medical Center

325 East H Street

Iron Mountain, MI 49801

(906) 774-3300

www.ironmountain.va.gov

MATCH Number: 221211

Applications Due: December 2, 2016

Accreditation Status

The doctoral internship at the Oscar G. Johnson VA Medical Center is accredited by the Commission on Accreditation (CoA) of the American Psychological Association (APA). We are accredited "on contingency," which means that as a newer program we have been given two years to submit distal data to APA's CoA for consideration of a "full" accreditation status. This option was created by APA in order to allow new internships to become accredited earlier in their cycle of development. All graduates of the program as it is currently accredited are considered to have completed an accredited internship. Questions related to the program's accredited status should be directed to the Commission on Accreditation: Office of Program Consultation and Accreditation, American Psychological Association, 750 1st Street, NE, Washington, DC 20002, Phone (202) 336-5979, email: apaaccred@apa.org.

Application & Selection Procedures

Criteria for acceptance into the program (please see VA's Office of Academic Affiliations website for updates to these criteria at www.psychologytraining.va.gov/eligibility.asp)

1. U.S. citizenship. VA is unable to consider applications from anyone who is not currently a U.S. citizen. Verification of citizenship is required following selection. All interns must complete a Certification of Citizenship in the United States prior to beginning VA training.
2. A male applicant born after 12/31/1959 must have registered for the draft by age 26 to be eligible for any US government employment, including selection as a paid VA trainee. Male applicants must sign a pre-appointment Certification Statement for Selective Service Registration before they can be processed into a training program. Exceptions can be granted only by the US Office of Personnel Management; exceptions are very rarely granted.
3. Interns and Fellows are subject to fingerprinting and background checks. Match result and selection decisions are contingent on passing these screens.
4. VA conducts drug screening exams on randomly selected personnel as well as new employees. Interns are not required to be tested prior to beginning work, but once on staff they are subject to random selection for testing as are other employees.

Internship applicants also must meet these criteria to be considered for any VA Psychology Internship Program.

1. Doctoral student in good standing at an APA- or CPA-accredited graduate program in Clinical or Counseling psychology. Persons with a doctorate in another area of psychology who meet the APA criteria for re-specialization training in Clinical or Counseling Psychology are also eligible.
2. Approved for internship status by graduate program training director.

Our program is specifically focused on the training of professional psychologists for work in a rural setting and with a Veteran population. Interest in these areas, combined with the quality of academic and practicum experience preparation, serve as criteria for consideration of applications.

Application Process

Should you choose to apply, please go to the www.appic.org website and complete the online AAPI. Please make sure you have included the following materials in your online AAPI:

1. APPIC Application for Psychology Internship (AAPI),
2. Graduate transcript(s),
3. Curriculum Vitae,
4. **three letters** of recommendation from past/current clinical supervisors,
5. cover letter of interest describing past training and career goals, and
6. **Supplemental Materials**: A recent psychological assessment report that includes integration of at least two psychological tests/instruments and clinical interview.

To be considered, all application materials for the 2017-2018 internship year need to be available at the APPI Online by **December 2, 2016**.

Interested applicants may also contact the training director at:

***Gregory Patterson, Ph.D.,
Acting Director of Training, Psychology Internship
Behavioral Health Services
Oscar G. Johnson VAMC
325 East H Street
Iron Mountain, Michigan, 49801***

Gregory.Patterson1@va.gov

Phone:(906)774-3300, extension 32771

Candidate Interviews

All interviews are conducted individually and by invitation only. Candidates will be informed by e-mail no later than December 30, 2016 whether or not they have been invited for a personal interview. Interviews are offered to be done via telephone only. We regard interviews as a two-way process: a chance for us to meet and learn more about you, and an opportunity for you to meet us and gain a better understanding of our program. Interviews will be conducted by a small group of Psychologists on the training committee by telephone. The total interview time should take about 45 minutes. An interview is required to match with our program. We adhere strictly to the selection process guidelines established by the Association of Psychology Postdoctoral and Internship Centers (APPIC). This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant.

The OGJVAMC Doctoral Internship program abides by both APPIC and APA guidelines in the selection of interns. OGJVAMC is an Equal Opportunity Employer. The selection of interns is made without discrimination on the basis of race, color, religion, sex, national origin, politics, family status, physical handicap or age. Strict federal hiring guidelines require that staff be hired without discrimination. Transitionally, on successful completion of their VA internship, interns are eligible to apply for VA psychology staff positions nationally on a non-competitive status. That is, during the first year following internship, they are eligible to be hired as a full-time psychologist without the rigorous application process through the National Register. In essence, their application, admission, and successful completion of the internship program is good up to one year for reappointment in a psychology staff position.

Match Process

We will follow the match policies established by APPIC. Our program uses one match number for both positions. The only information that we may communicate to applicants prior to the February deadline is whether they are still under consideration for admission. Additional information regarding the match is available through the National Matching Services. ***The Oscar G. Johnson Match Number is 2212.***

Psychology Setting

The initial intern class of the Psychology Training Program at the OGJVAMC began on July 30, 2012, as one of the new training programs in rural psychology supported within the Veterans Health Administration. A multidisciplinary staff of psychologists, social workers, psychiatrists, medical providers and members of allied health fields is involved in the training of two interns a year. The OGJVAMC also provides training to master's level social work students as well as field placement for BSW students, nursing students, and other allied health students.

All staff psychologists are members of the Behavioral Health Department. The Chief of Behavioral Health is Elizabeth M. Stanczak, PhD. Our Acting Director of Training is Gregory Patterson, PhD. Our department consists of 13 psychologists, 4 psychiatrists, and 20 social workers. These providers work within the training facility in Iron Mountain, as well as in community based clinics (CBOC's) covering a wide area of northern Wisconsin and the entire Upper Peninsula of Michigan. Because of the broad geographic coverage of the OGJVAMC and its CBOC's, interns will be clinically supervised only by mental health staff located in Iron Mountain.

Training Model and Program Philosophy

The primary goal of the Oscar G. Johnson VA Medical Center Internship Program is to train doctoral interns to provide an array of psychological services within a rural healthcare environment; consistent with that goal, we function as a practitioner-scholar program focused on training psychologists to work in a rural and VA setting. Our Mission is to provide an integrated educational approach in support of the development and maintenance of competent practitioner-scholar psychologists in service to Veterans, active military, and dependents of active and retired military who live in highly rural settings. The Behavioral Health unit, of which we are a part, practices from and emphasizes a Recovery Model wherein the Veteran's goals are the focus of treatment; Peer Support Specialists play an active role in patient care. Interns conduct all interventions using the recovery model of treatment.

Although our psychology staff provides a number of specialized services, we believe that training in clinical and counseling psychology at the doctoral level should be broadly based rather than narrowly specialized. As a rural training facility we place special emphasis on learning to practice as a psychologist in this unique social and clinical environment. We seek to train interns in empirically supported practices suited to the Veteran population, and also in the adaptation of these skills to rural practice. However, as we are in a highly rural setting, the Veterans' demand and flow of referrals for various types of therapy tend to fluctuate, and we cannot guarantee interns will be able to complete a course of treatment in any particular empirically supported modality. Within this VA, as in others, we serve primarily adult Veterans, as well as some individuals who are still in active military service; the majority of our clients are male, although an increasing percentage of both younger and female Veterans and active duty service members are presenting for treatment. Our training emphases include both Outpatient Care and Geropsychology. The Outpatient rotation includes psychotherapy with Veterans individually as well as in groups and some multidisciplinary case discussions. The Outpatient rotation also includes a sub-rotation in which interns do individual and oftentimes group work in health behavior change. The Geropsychology rotation includes work with our older Veterans in the Home Based Primary Care (HBPC) team, the Community Living Center (CLC), the Geriatric Clinic in Primary Care, and specialized assessments associated with aging. Interns working with our geriatric Veterans will also be involved in regular contact with treatment teams and will respond to consultation requests regarding those Veterans, which may include evaluations for decisional capacity, dementia, and other questions related to cognitive functioning. While working in the CLC, the intern will have the opportunity to work with Veterans in the Hospice beds on that unit.

We tailor our internship program to meet the needs of each intern within the training goals and objectives of the program, and within the unique constraints of a highly rural setting. Interns complete two year-long primary rotations: (1) outpatient rural mental health practice and (2) geropsychology practice in a rural area. The remainder of the training involves professional development through participation in some didactic seminars, attending departmental meetings, seminars, and review of professional practice information. Interns may also opt to participate in special projects, or program development/evaluation at the Medical Center when such projects become available.

In our didactics and other trainings, as well as in supervision, we integrate clinical practice with the scholarly inquiry that supports the treatments used. Our approach is to build on previous material in a sequential and cumulative manner so that interns experience a growing

confidence in their own ability to integrate these important aspects of clinical work. Over time, interns are expected to initiate review of literature pertinent to the clinical work they are doing. While we emphasize research-informed clinical practice, we do not conduct research at our site.

Although interns do not provide supervision, they are exposed to a variety of theories and models of supervision, and are encouraged to begin developing an awareness of the theories and models which they will use in the future.

Our strong commitment to person-centered values extends to our interns and Veterans alike. Our interns consistently tell us that working in our facility is a unique and positive experience. They cite the supportive, welcoming nature of staff, the strong involvement of the facility in the community, and the positive experiences described by our Veterans. The Veterans appreciate our timely, collaborative, and individualized approach to behavioral health care.

Program Goals & Objectives

Before and during orientation week, interns' prior training experiences are reviewed. This is done to identify areas of strengths and weaknesses, in order to facilitate the development of a training program that best meets the specific training needs of each intern. In keeping with our practitioner-scholar model focused on training psychologists to work in a rural and VA setting, interns are encouraged to address those areas in which they have had limited experience. The Training Program Model and Philosophy is expressed in the following training goals and objectives:

Goal 1: Prepare interns as skilled generalist providers and rural-generalist practitioners of psychological services in outpatient and medical facility services.

Objective 1: Develop General Professional Abilities in rural practice as indicated by intermediate to advanced competencies in:

1. Knowledge and application of ethical principles, including rural-care ethical dilemmas
2. Professional conduct, including practice in small communities
3. Responsibility and Self-direction (see also consultation)
4. Establishing and maintaining rapport with patients
5. Sensitivity to cultural and individual differences, including differences in rural living
6. Use of relevant interview and reviewed-record data
7. Productive use of supervision and consultation
8. Awareness of, and effective coping with personal and professional stressors

Objective 2: Develop professional skills in psychological assessment as indicated by intermediate to advanced competencies in:

1. Diagnostic interviewing
2. Administration of commonly used tests and measures (e.g., brief and traditional cognitive measures of intelligence, memory, and executive functioning)
3. Interpretation of assessment and test data
4. Writing well organized intake reports and integrated psychological assessment reports
5. Application of tele-health technology for screening and/or assessment as available

Objective 3: Develop professional skills in competent clinical intervention as indicated by intermediate to advanced competencies in:

1. Case conceptualization including components of rural living in Veteran presentation
2. Formulation of appropriate and recovery oriented treatment goals

3. Well timed and effective interventions, including application of practice to Veterans living in rural and remote areas
4. Application of at least one empirically supported individual therapy practice
5. Application of clinical skills in at least one group therapy
6. Application of tele-health technology for individual or group intervention as available

Objective 4: Develop professional skills in appropriate consultation as indicated by intermediate to advanced competencies in:

1. Competent professional consultation, including seeking and providing consultation regarding application of techniques and strategies in rural health setting

Goal 2: Prepare interns for continued integration of research and clinical work

Objective 1: Develop professional skills in application and integration of research in clinical practice as indicated by intermediate to advanced competencies in:

1. Appropriate use of scholarly and research-based literature

Objective 2: Develop professional-level writing and presentation skills as indicated by intermediate to advanced competencies in:

1. Incorporating and communicating relevant scientific knowledge in professional writings and/or presentations.

Goal 3: Prepare interns for the professional role of supervisor in the field of psychology.

Objective 1: Develop an understanding of the theories and methods of effective supervision as evidenced by intermediate to advanced competencies in the ability to discuss theories and methods of supervision

These competencies are assessed within a framework of increasing understanding of, and sensitivity to, individual and cultural diversity in the delivery of psychological assessment, treatment, consultation and liaison services, and in the intern's continued development of a code of professional ethics. Competency is enhanced by supervised clinical experience, didactic seminars, and exposure to multidisciplinary providers and teams of care.

Program Structure

The doctoral internship at OGJVAMC consists of two main rotations: **Outpatient Psychological Care**, and **Geropsychology**. The Outpatient rotation is comprised of two concurrent, year-long sub-rotations, Outpatient Psychotherapy, and Health Behavior Change. The Geropsychology rotation is comprised of a series of two consecutive 6-month sub-rotations, one in Home-Based Primary Care, and the other in the Community Living Center. Over the course of the internship year, each intern is expected to complete all four of the sub-rotations: Outpatient Psychotherapy, Health Behavior Change, Home-Based Primary Care, and Community Living Center.

Interns are expected to work closely with their individual supervisors on all rotations. Each supervisor is responsible for the training experience provided on his or her specific rotation. The supervisor assists in selecting patients and making referrals, represents Psychology with the intern in team meetings and other activities, and conducts individual supervision sessions 1-2 hours per week. Each intern can expect a cumulative total across all rotations of at least 4 hours individual supervision per week. The degree of responsibility given the intern and the amount of structure provided depend on the intern's level of prior experience. Over the course

of the internship year, it is expected that levels of responsibility will increase as the amount of supervision structure needed decreases.

The interns will meet as a group with the training director twice per month to review their progress towards internship and broader professional goals, to review scientific and scholarly literature on supervision and professional development, and to address any specific training needs. They are expected to attend the Behavioral Health staff meetings, a weekly seminar/case presentation hour, and a monthly 2-hour Rural Shared Didactic seminar (shared using telemedicine technology with three other rural internship sites).

This is a 2080-hour internship, inclusive of administrative, annual and sick leave. Two full-time funded internship positions for the class of 2017-2018 are available.

Rotation 1: Outpatient Psychological Care

Outpatient Psychotherapy:

In the outpatient Behavioral Health clinic, interns will complete intake evaluations and psychotherapy with adult-aged Veterans. Typical problems facing Veterans seen in the clinic include PTSD related to combat or sexual trauma, depression, other anxiety-related difficulties, and relational difficulties.

This rotation will include training in empirically supported practices for treating Veterans. Training on this rotation may include use of tele-health to provide treatment independent of other modalities, as well as to complement traditional forms of treatment. A key training element of this rotation will be developing competence and confidence in modifying practices to rural care environment (e.g., extended treatment duration while conducting evidence-based practice). Interns will also coordinate care with Peer Support Specialists, as an opportunity to learn about the Peer Support program in the VA.

Health Behavior Change:

The Health Behavior Change rotation offers interns exposure to helping Veterans make healthy life changes. This may include experiences in individual services for tobacco cessation, sleep disorders, weight management, and/or diabetes management. Opportunities for multidisciplinary group work with the MOVE! weight management program or diabetes management groups may also be available. Services within the Health Behavior Change rotation are provided via telephone, telehealth (i.e., videoconferencing equipment), and/or in person. Group supervision provides interns multiple opportunities to give case presentations.

Rotation 2: Geropsychology

A common feature of the settings within this rotation is the opportunity to work collaboratively in multi-disciplinary teams, some of which function in the community while others are housed in the OGVAMC.

Home-Based Primary Care: A unique training opportunity for interns is to shadow, engage in co-therapy and assessment, then develop individual comfort and skill in providing psychological care in a Veteran's home. This rotation covers a wide geographical area with interns typically seeing Veterans within a 60-mile radius of the hospital. These Veterans lack the ability to attend traditional outpatient care. Clients are Veterans with complex medical conditions and multiple non-medical needs whose service is best provided in-home by an interdisciplinary team of professionals. Interns provide interventions in the Veteran's home,

including psychological assessment, individual therapy, and caregiver support. The intern is an active member of the HBPC treatment team during this rotation, attending team meetings and reporting on interventions and assessments completed with HBPC patients.

Community Living Center (CLC): The CLC is a residential rehabilitation program housed on the OGVAMC campus. Residents of the program are evaluated by the Geropsychologist and/or an intern at intake to determine specific psychological needs associated with their care, upon admission to the CLC and prior to discharge to facilitate discharge planning. The Geropsychologist also provides consultation as needed for specific residents and/or their families. Such consultation may include, but is not limited to, evaluation of cognitive/neuropsychological impairment, decision-making capacity, emotional/behavioral difficulties, and the impact of acute mental health symptoms on medical treatment. Hospice patients also reside in the CLC. Therefore, interns will have ample opportunity to work with Veterans at the end of life, providing anticipatory grief/bereavement services to both the Veteran and their families/significant others. Psychotherapy services are also provided to CLC patients. Interns serve as an active member of the interdisciplinary treatment team, which includes the physician, nurse practitioner, nurse, social worker, recreation therapist, dietitian, physical therapist, and occupational therapist. *Geriatric Outpatient Clinic:* Interns will also have the opportunity to work with a team (which includes a physician and/or nurse practitioner, social worker, nurse, and psychologist) in response to requested consultation by the primary care provider. The clinic provides one-time consultation for the primary care provider requesting assistance in regard to difficult geriatric, dementia, or palliative care issues. Past referrals have included questions of competency for decision-making, dementia screens, evaluations for depression and anxiety.

Seminars and Other Training Activities

Training activities available to the intern includes the Intern Seminar, which meets three times per month for one hour, and emphasizes review of research and scholarly literature relevant to interns' training at OGVAMC; increased frequency of didactic seminars during the initial weeks of internship to facilitate interns' learning essential for success in the program as they begin to build their clinical caseloads; and the monthly Rural Shared Didactics. Beginning with our first intern class in 2012/13, we coordinated seminars with VA centers in Nebraska, Iowa and Washington state using videoconferencing technology to provide a broader array of educational topics to our interns. Each intern is encouraged to present on a clinical case or professional/research topic of their choosing.

Requirements for Completion

Before and during orientation, interns' prior training experiences are reviewed by training staff. This is done to identify areas of strengths and weaknesses, in order to facilitate the development of a training program that best meets the specific training needs of each intern. In keeping with our generalist philosophy and emphasis on acquiring skills for rural mental health practice, interns are encouraged to address those areas in which they have had limited experience.

It is expected that upon completion of the program all interns will demonstrate intermediate to advanced competence in the following domains (see also goals and objectives above):

- A. General Professional Abilities in Rural Practice
- B. Assessment
- C. Clinical Intervention
- D. Consultation and Liaison
- E. Integration of Research and Practice
- F. Theories, Models and Methods of Supervision
- G. Ethical and Legal Standards
- H. Individual and Cultural Diversity
- I. Communication and Interpersonal Skills.

At the beginning of the training year, each intern completes a thorough orientation including a review of the Psychology Trainee Handbook, which specifies the required competency elements within each domain, along with examples of the expected levels of performance for an intern. Interns also complete an initial self-evaluation of the competencies to be assessed throughout the internship, and an objective evaluation by staff on levels of responsibility and intensity of supervision necessary for interns to ensure safe and effective care of Veterans. On a quarterly basis, the intern is formally rated on all competency elements that apply to each rotation, with informal ratings of competencies as an ongoing element of supervision. In addition to formal competency ratings, a narrative summary of the intern's performance over the evaluation period is provided to the intern, which offers more personalized and specific information about the intern's progress, performance and clinical strengths, as well as any areas that should be addressed for additional professional growth. At the end of the first six months, a letter which describes the intern's progress is sent to the Training Director of their graduate program. Final letters of completion are sent to the academic training program after the successful completion of the internship; these include the final rating on core competencies, and a written narrative evaluation of the intern summarizing internship year performance.

Facility and Training Resources

Interns are provided with office space and secure networked computers necessary for patient care and administrative responsibilities. The Behavioral Health department maintains independently a small library of books, articles, and videos. A training directory of articles for seminars and best practices is digitally stored. Within the Psychology Department, interns will have access to a variety of psychological assessment instruments and test scoring programs.

Administrative Policies and Procedures

The Oscar G. Johnson VA Medical Center's policy on Authorized Leave is consistent with the national standard. You are welcome to discuss this with the Director of Training.

Due Process: All trainees are afforded the right to due process in matters of problematic behavior and grievances.

Privacy policy: We collect no personal information from you when you visit our Website.

Self-Disclosure: We do not require interns to disclose personal information to their clinical supervisors except in cases where personal issues may be adversely affecting an intern's performance and such information is necessary to address these difficulties.

Training Staff

Internship Training Leadership

- Elizabeth Stanczak, PhD [Chief of Behavioral Health Services, Clinical Psychologist, Clinical Emphasis in Neuropsychology]
University: Alliant University: California School of Professional Psychology, 1998
Clinical/Research Interests: PTSD treatment (CPT/PE), Anxiety Disorders, TBI, Sleep Disorders, Mood Disorders, Couples Counseling, Ethics in Behavioral Health, Administrative issues in Behavioral Health, and Mentoring.
- Barbara Nelson-Thomas, PhD [Assistant Chief of Behavioral Health Services, Psychology Lead, Geropsychologist]
University: State University of New York at Buffalo, 1993
Clinical/Research Interests: Geropsychology, Issues of Death and Dying
- Gregory Patterson, PhD [Acting Director of Training, Clinical Psychologist]
University: Texas Tech University, 1995
Clinical/Research Interests: Mood Disorders, Thought disorders, severe & chronic mental disorders, Cognitive-Behavioral Therapy for Insomnia (CBT-I), Interpersonal Therapy for Depression (IPT-D), and Cognitive Processing Therapy (CPT) for PTSD.

Program Training Supervisors

These individuals are involved with the planning and implementation of the internship and have direct contact with interns.

- Barbara Nelson-Thomas, PhD [Assistant Chief of Behavioral Health Services, Psychology Lead, Geropsychologist]
University: State University of New York at Buffalo, 1993
Clinical/Research Interests: Geropsychology, Issues of Death and Dying
- Sarah-Rae Andreski PhD [Clinical Psychologist]
University: Palo Alto University, 2014
Clinical/Research Interests: Veteran mental health, Rural healthcare, Suicide prevention, Trauma, Intimacy Issues, Military Sexual Trauma, Polytrauma, Posttraumatic Growth, and Physical Medicine and Rehabilitation Psychology. Certified in Cognitive Processing Therapy (CPT) for PTSD, and able to provide training in Prolonged Exposure, Cognitive Behavioral Therapy for Chronic Pain, Depression, Anxiety and Insomnia.
- Marianne J. Brady, PhD [Clinical Psychologist]
University: University of Kentucky, 1994
Clinical/Research Interests: Treatment of Trauma; Fostering of posttraumatic growth; Addressing and treating moral injury; and Acceptance and Commitment Therapy. Have conducted research on, and have continuing interest in, Posttraumatic Growth; Relationship between Spiritual Well-being and Quality of life; Conceptualization and measurement of Quality of Life.

- Gregory Patterson, PhD [Acting Director of Training, Clinical Psychologist]
University: Texas Tech University, 1995
Clinical/Research Interests: Mood Disorders, Thought disorders, severe & chronic mental disorders, Cognitive-Behavioral Therapy for Insomnia (CBT-I), Interpersonal Therapy for Depression (IPT-D), and Cognitive Processing Therapy (CPT) for PTSD.
- Karen Olson, PhD [Clinical Psychologist]
University: University of Detroit – Mercy, 1996
Clinical/Research Interests: home-based care, geriatric care, marital and family therapy
- Brenda Reed, PsyD, CBSM [Health Behavior Coordinator, Clinical Psychologist]
University: Argosy University/Illinois School of Professional Psychology, 2002
Clinical/Research Interests: Health psychology; Certified in Behavioral Sleep Medicine; Certified as Treatment Tobacco Specialist; Health Behavior Coordinator; Health Promotion and Disease Prevention Program.

Other Agency/Institution Supervisors

These individuals are not involved in planning or implementation of the internship but do have direct contact with interns.

- Gail Beauchamp, LMSW [Social Work Executive]
University: Michigan State University, 1998
Clinical/Research Interests: PTSD. Role would include as general mental health consultant, PTSD consultant, Native American and other diversity issues in treatment/care, and coordination with social work practica program. In addition, Ms. Beauchamp serves as the Evidence Based Psychotherapy Coordinator for the department.

Other Contributors to Program

The primary contribution of the following individuals is providing training opportunities such as didactic presentations; they are not involved in planning or implementation of the internship and do not otherwise typically have direct contact with interns.

Additional Psychology Staff located at the OGJ VAMC in Iron Mountain MI

- Todd Silverstein, PsyD [Clinical Psychologist]
University: Loma Linda University, 2003
Clinical/Research Interests: medical psychology, assessment, crisis consultation

Psychology Staff located at Community Based Clinics and/or within OGJVAMC Network of Care

[Staff may serve as consultant via telehealth technology]

- Gregory L. Asgaard, PhD [Clinical Psychologist]
University: Southern Illinois University, Carbondale, 2007
Clinical/Research Interests: Military culture and operational stress; Nicotine use and attention; Treatment of comorbid PTSD and TBI.

- Megan Retherford, PsyD [Clinical Psychologist]
University: Chicago School of Professional Psychology, 2006
Clinical/Research Interests: mood and anxiety disorders, holistic health/health psychology.
- Christy Girard, PsyD [Clinical Psychologist]
University: Widener University, 2007
Clinical/Research Interests: anger management, biofeedback, PTSD.
- Rod Linder, PsyD [Clinical Psychologist]
University: Illinois School of Professional Psychology (2006)
Clinical/Research Interests: Assessment and treatment for Anxiety Disorders, PTSD, Depression; Biofeedback for self-regulation of hyperarousal states; Coping skills instruction for relaxation and anger management. Cognitive Processing Therapy for PTSD.
- Lynda K. Wargolet, PsyD [Clinical Psychologist]
University: Illinois School of Professional Psychology: Health Psychology.
Clinical/Research Interests: Assessment and treatment for chronic pain, insomnia, anxiety, depression, PTSD, hypnotherapy, stress management, relaxation techniques and health and life-stage related transitions.

Consultants, Other Contributors to Program

- Nicole Foster-Holdwick, LMSW [Homeless Coordinator]
University: University of Utah, 2004
Clinical/Research Interests: Management of Serious and Persistent Mental Illness in a community setting. Prevention of Homelessness. Development of Housing Programs. Role would include coordination of training of interns in working with homeless Veterans, as well as utilization of community resources to facilitate individual Veteran recovery.
- Karen Krebsbach, LMSW [Local Recovery Coordinator]
University: University of Wisconsin – Milwaukee, 1988
Clinical/Research Interests: Brief interventions and recovery process. Role would include education on recovery as well as consultation of client-therapist (referral) matching, and brief intervention.
- Sharon Anastas, LMSW [Suicide Prevention Coordinator]
University: Michigan State University, 1998
Clinical/Research Interests: Suicide prevention

Interns will have the opportunity to interact with a broad variety of additional health care professionals at OGJVAMC, including psychiatrists, medical care providers, social workers, peer support specialists and other disciplines.

Feedback from Our Former Interns

- *"The strength of this program is its commitment to developing competent and well-rounded clinicians. Additionally, the growth as a clinician I was seeking was facilitated by the quality supervision received throughout the internship year."*
- *"The Internship at the Oscar G Johnson VAMC provided me with the solid underpinnings necessary for a career as a clinical psychologist in a modern hospital system"*
- *"I was surprised by how much I liked/found a niche with our older people, and older Veterans more specifically. I learned a great deal as far as furthering my knowledge of the developmental spectrum, and the human condition as a whole. I would also say learning within the context of a rural setting presented unique challenges/ethical discussions that would prove to be highly useful for persons considering eventually hanging their shingle in a rural atmosphere and/or working within the milieu of a 'military culture' like the VA. Lastly, I would say that the supervisory experience can't be beat ...The collaborative approach to the development and implementation of training goals was focused, feasible, and helped me at least to gain the confidence I needed to embark on the next journey. The supervision was the best part of the internship. The quality of the training was such that I feel not only comfortable, but eager to jump into the role of 'junior colleague' at my postdoc."*
- *"I am very grateful for my learning experiences during my internship year. It provided significant benefits not only for ethical, quality, private practice, but also my current practice within the VA system. I appreciated the diversity of clinical presentations and the opportunity to sample the various roles of a VA psychologist. I also appreciated the warm and 'open door' policy of the supervisors in providing ongoing guidance and instruction."*

Local Information

The Oscar G. Johnson VAMC includes the main medical center complex in Iron Mountain, Michigan, as well as seven community-based healthcare clinics. The OGJVAMC provides services to the northern rural and highly rural areas of VISN 12, comprising approximately 26,000 square miles of Michigan's Upper Peninsula and Northern Wisconsin. The medical center is located approximately 100 miles northwest of Green Bay, Wisconsin, and 80 miles southwest of Marquette, Michigan.

The main facility is located in a town of 7,600 people and county population of about 26,000. Iron Mountain is adjoined to Kingsford (Michigan), with nearby towns of Norway (Michigan), and Aurora and Niagara (Wisconsin). Useful websites to explore information about these areas include:

- City of Iron Mountain Website: <http://cityofironmountain.com/>
- Dickinson County (MI) Website: <http://www.dickinsoncountymi.gov/>
- Florence County (WI) Website: <http://www.florencecountywi.com/>

Directions to the Oscar G. Johnson VA Medical Center and Behavioral Health Department

The Oscar G. Johnson VA Medical Center is located on "H" Street, a half-block off US41/Stephenson Avenue in Iron Mountain, Michigan. The address is 325 East "H" Street. For more information on orienting yourself to Oscar G. Johnson VAMC, please check the website <http://www.ironmountain.va.gov/>

The Behavioral Health Department main offices are located on the third floor.

If you have any questions please contact the training director via email (preferred) or telephone.

Gregory Patterson, Ph.D.

Acting Director of Training, Psychology Internship
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*E-mail (preferred): Gregory.Patterson1@va.gov,
Phone:(906) 774-3300 ext. 32771*